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CONFIRMATION NO. 5476

Bib Data Sheet

|                             |  |              |                        |                                 |
|-----------------------------|--|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/649,102 | FILING OR 371(c)<br>DATE<br>08/27/2003<br>RULE | CLASS<br>398 | GROUP ART UNIT<br>2613 | ATTORNEY DOCKET NO.<br>Winzer 4 |
|-----------------------------|--|--------------|------------------------|---------------------------------|

**APPLICANTS**

Peter J. Winzer, Tinton Falls, NJ:

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/448,735 02/20/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

11/28/2003

|                                 |   |                  |                |              |                    |
|---------------------------------|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance  | NJ               | 2              | 33           | 3                  |
| Verified and Acknowledged       |  Examiner's Signature  Initials |                  |                |              |                    |

**ADDRESS**

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 Suite 715  
 1515 Market Street  
 Philadelphia, PA19102

**TITLE**

Optical modulator

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>984 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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## ADDRESS

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